Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF WISCONSIN	_	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued are identification (for	Camille First name	First name
	example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.		Marie Middle name	Middle name
			Fehring Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	mee	ung wun the trustee.	(,,,,,,,	(2,72,7,7,7)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	r the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number	xxx-xx-3168	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EIN	EIN			
5.	Where you live	1739A N 55th St Milwaukee, WI 53208	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Milwaukee				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Deb	otor 1 Camille Marie Feh	ring			Case number (if known)			
Par	t 2: Tell the Court About	Your Bankruptcy C	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how y order. If you a pre-printed	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for The Filing Fee in Installments (Official Form 103A).						ividuals to Pay		
		I request the but is not recapplies to you	at my fee be waive quired to, waive you our family size and	red (You may request this option ur fee, and may do so only if yo you are unable to pay the fee in	n only if you are filing for Chapter 7. By la our income is less than 150% of the officia n installments). If you choose this option, cial Form 103B) and file it with your petitic	Il poverty line that you must fill out		
		ше Арріісац	on to Have the One	apter 7 Tilling Fee Walved (Offic	aari omi 100b) and me it wilii yodi pelilik	11.		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
		District		When	Case number			
		District		When				
		District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Debtor			Relationship to you			
		District		When	Case number, if known			
		Debtor			Relationship to you			
		District		When	Case number, if known			
11.	Do you rent your	□ No. Go to	line 12.					
	residence?	■ Yes. Has y	our landlord obtain	ed an eviction judgment agains	t you?			
		-	No. Go to line 12	<u>.</u>				
			Yes. Fill out <i>Initia</i> bankruptcy petition		Judgment Against You (Form 101A) and	ile it with this		

)eb	tor 1 Camille Marie Feh	ring			Case number (if known)
ar	Report About Any Bu	sinesses	You Own	as a Sole Proprieto	or
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busin	ness
	A sole proprietorship is a		News		
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, State	e & ZIP Code
	separate sheet and attach it to this petition.		Check	the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
3.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	under Sub hoosing to statemer	ochapter V so that it of proceed under Sub	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, le tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of <i>small</i>	■ No.	I am n	ot filing under Chapt	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.
		☐ Yes.			1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
ar	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention
4.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to		What is t	the hazard?	
	public health or safety?				
	Or do you own any		If immed	liate attention is	
	property that needs immediate attention?			why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Camille Marie Feh	ring			Case number (if k	anown)		
Par	t 6: Answer These Questi	ons for Rep	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consundividual primarily for a personal			in 11 U.S.C. § 101(8) as "incurred by an		
		I	☐ No. Go to line 16b.					
		I	Yes. Go to line 17.					
			Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
		I	☐ No. Go to line 16c.					
		I	☐ Yes. Go to line 17.					
		16c. S	State the type of debts you owe t	hat are not consumer de	ebts or business de	bts		
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	— 103.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	are paid that funds will		No					
	be available for distribution to unsecured creditors?		□Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000		□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,000		5 0,001-100,000		
		☐ 100-199 ☐ 200-999		□ 10,001-25,000		☐ More than100,000		
19.	How much do you	□ \$0 - \$50	0,000	□ \$1,000,001 - \$10	million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		- \$100,000	<u> </u>		□ \$1,000,000,001 - \$10 billion		
	be worth.		01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$10 □ \$100,000,001 - \$5		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$50	0,000	□ \$1,000,001 - \$10	million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001 - \$50		□ \$1,000,000,001 - \$10 billion		
		_	01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$10 □ \$100,000,001 - \$5		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Par	7: Sign Below							
For	you	I have exa	mined this petition, and I declare	under penalty of perjury	y that the information	on provided is true and correct.		
			If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request re	elief in accordance with the chap	ter of title 11, United Sta	ates Code, specified	d in this petition.		
		bankruptcy and 3571.				operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,		
			larie Fehring	Sign	ature of Debtor 2			
		Executed of	December 7, 2021	Exec	cuted on			
			MM / DD / YYYY		MM / DE	D / YYYY		

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Kiley B. Zellner	Date	December 7, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Kiley B. Zellner 1056806		
Printed name		
Gunta Law Offices, S.C.		
Firm name		
9898 W. Bluemound Rd.		
Suite 2		
Wauwatosa, WI 53226		
Number, Street, City, State & ZIP Code		
Contact phone 414-271-7722	Email address	kzellner@crivellocarlson.com
1056806 WI		
Bar number & State		

Fill	in this information to identif	y your case:			
		rie Fehring			
	First Name	Middle Name	Last Name		
	otor 2 use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for	or the: EASTERN DISTRICT C	DF WISCONSIN		
Cas	se number				
1	own)			_	k if this is an
				amen	ded filing
~ .	" : I 5 400 0				
	ficial Form 106Su		ad Cantain Statistical Information		
			nd Certain Statistical Information e are filing together, both are equally responsible f		12/15
info	rmation. Fill out all of your s	chedules first; then complete tl	ne information on this form. If you are filing amend		
	-	I out a new <i>Summary</i> and chec	k the box at the top of this page.		
Par	11: Summarize Your Asse	ets			
				Your a	ssets of what you own
				value	or what you own
1.	Schedule A/B: Property (O 1a. Copy line 55, Total real 6	fficial Form 106A/B) estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total perso	onal property, from Schedule A/B.		\$	74,164.00
	1c. Copy line 63, Total of all	property on Schedule A/B		\$	74,164.00
Par	2: Summarize Your Liab	ilities			
				Vour I	abilities
					it you owe
2.		Have Claims Secured by Property		o	11,823.00
	2a. Copy the total you listed	in Column A, <i>Amount of claim,</i> at	the bottom of the last page of Part 1 of Schedule D	\$	11,023.00
3.		o Have Unsecured Claims (Officia om Part 1 (priority unsecured clain	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
		-	claims) from line 6j of Schedule E/F	\$	233,516.00
			,		200,010.00
			Your total liabilities	\$	245,339.00
Par	3: Summarize Your Inco	me and Expenses			
4.	Schedule I: Your Income (Of Copy your combined monthly		ə l	\$	3,050.67
5.	Schedule J: Your Expenses			\$	3,047.00
Par		ons for Administrative and Stat		· —	<u> </u>
rai	Answer These Questi	ons for Administrative and Stat	istical Records		
6.		cy under Chapters 7, 11, or 13? o report on this part of the form. C	check this box and submit this form to the court with yo	our other sc	hedules.
	Yes				
7.	What kind of debt do you h	nave?			
			debts are those "incurred by an individual primarily for og for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,282.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	175,982.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	175,982.00

Fill in t	his info	ormation to identify your cas	e and this filing:			
Debtor	1	Camille Marie Fehrir	ng			
	_	First Name	Middle Name	Last Name		
Debtor 3 (Spouse, i		First Name	Middle Name	Last Name		
United 9	States	Bankruptcy Court for the: EA	STERN DISTRICT OF WISC	ONSIN		
Offica	otates i	Bankruptcy Court for the.	OTERN BIOTRIOT OF WICE	ONOIN		
Case no	umber			_		☐ Check if this is an
						amended filing
Offici	ial F	orm 106A/B				
Sch	edu	le A/B: Prope	rtv			12/15
		, separately list and describe ite		an asset fits in more than on	e category, list the asset in	
	on. If m	Be as complete and accurate a ore space is needed, attach a se sestion.				
Part 1:	Descril	oe Each Residence, Building, La	nd, or Other Real Estate You O	wn or Have an Interest In		
1. Do you	u own c	or have any legal or equitable int	erest in any residence, building	, land, or similar property?		
			, , ,	, , , , ,		
_	. Go to F					
⊔ Yes	s. Wher	e is the property?				
Part 2:	Descri	oe Your Vehicles				
□ No ■ Ye		trucks, tractors, sport utility	venioles, motorcycles			
3.1 N	Лаке:	Chevrolet	Who has an interest in the	ne property? Check one		laims or exemptions. Put ed claims on Schedule D:
N	/lodel:	Equinox	Debtor 1 only			ims Secured by Property.
Υ	ear:	2014	Debtor 2 only		Current value of the	Current value of the
		nate mileage: 86578	_	•	entire property?	portion you own?
_		ormation:	At least one of the deb	tors and another		
		damaged door, damaged indoe does not work	Check if this is comm	unity property	\$11,134.00	\$11,134.00
Exam No □ Ye 5 Add page	ples: B s the do es you Descrit	aircraft, motor homes, ATVs pats, trailers, motors, personal allar value of the portion you have attached for Part 2. Wrose Your Personal and Household have any legal or equitable	watercraft, fishing vessels, so own for all of your entries fite that number here	nowmobiles, motorcycle ac	cessories	\$11,134.00 Current value of the portion you own?
						Do not deduct secured

D	Deptor 1 Camille Ma	rie Fenring Case number (if known)	
6.	Household goods and Examples: Major applie	furnishings ances, furniture, linens, china, kitchenware	
	Yes. Describe		
		Living room furniture \$750, Dining room furniture \$350, Master bedroom furniture \$400, Bedroom furniture \$100, Dishes/cookware \$200, vacuum \$50	\$1,850.00
_			
		Tools	\$40.00
_		10010	Ψ.σ.σσ
7.		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co ell phones, cameras, media players, games	llections; electronic devices
		TVs(3) \$800, VCR/DVD player \$40, DVDs (20) \$300	\$1,140.00
_			
		Printer, cell phone	\$300.00
_		, <u>, , , , , , , , , , , , , , , , , , </u>	
9.	other collect No Yes. Describe Equipment for sports Examples: Sports, pho	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a	
	musical ins	truments	
	■ No □ Yes. Describe		
10	 Firearms Examples: Pistols, rifl 	es, shotguns, ammunition, and related equipment	
	■ No		
	☐ Yes. Describe		
11	Clothes Examples: Everyday No ■ Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories	
		Wearing	\$1,000.00
_		Wearing	
12	2. Jewelry Examples: Everyday j ■ No □ Yes. Describe	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go	old, silver
13	B. Non-farm animals Examples: Dogs, cats	s, birds, horses	
	■ No ☐ Yes. Describe		
14		nd household items you did not already list, including any health aids you did not list	
.4	■ No		
	☐ Yes. Give specific in	nformation	

De	ebtor 1	Camille Marie F	ehring	Case number (if known)	
15				Part 3, including any entries for pages you have attached	\$4,330.00
Pa	rt 4: De	scribe Your Financial	Assots		
				in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No ·		e in your wallet, in your l	home, in a safe deposit box, and on hand when you file your petition	1
				Cash	\$40.00
17.	Examp			counts; certificates of deposit; shares in credit unions, brokerage ho ts with the same institution, list each. Institution name:	uses, and other similar
			17.1. Checking	Educators Checking	\$150.00
	■ No □ Yes Non-pu joint v ■ No □ Yes. Govern Negoti Non-ne ■ No	ublicly traded stock venture Give specific inform nment and corporate in the corporate in	Institution or issue and interests in incorration about them Name of entity: te bonds and other neglude personal checks, cas are those you cannot the second control of the second control	porated and unincorporated businesses, including an interest	in an LLC, partnership, and
21.	Examp □ No □	List each account se	counts , ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or other pension or profit-sharing plants and the savings accounts are savings accounts. Institution name:	ans
		4	401(k)	401A	\$55,645.00
22.	Your s		eposits you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companio	es, or others
				Institution name or individual:	
23.	Annuit ■ No	`	periodic payment of mo	ney to you, either for life or for a number of years)	

D	Callille Marie Ferring			ase number (ii known)	
24	Interests in an education IRA, in an ac 26 U.S.C. §§ 530(b)(1), 529A(b), and 52		nm, or under a qual	ified state tuition progi	am.
	■ No □ Yes Institution name a	nd description. Separately file the r	ecords of any interes	sts.11 U.S.C. § 521(c):	
25	. Trusts, equitable or future interests in	n property (other than anything li	sted in line 1), and	rights or powers exerc	isable for your benefit
	■ No□ Yes. Give specific information about t	hem			
26	Patents, copyrights, trademarks, trad Examples: Internet domain names, web No ☐ Yes. Give specific information about t	sites, proceeds from royalties and		s	
27	Licenses, franchises, and other gene				
	Examples: Building permits, exclusive li		oldings, liquor license	es, professional licenses	
	☐ Yes. Give specific information about t	hem			
M	oney or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax refunds owed to you ☐ No ☐ Yes. Give specific information about the	nem, including whether you already	filed the returns and	I the tax years	
		2021 Anticipated Tax Refur	nd	State/Federal	\$1,000.00
29	 Family support Examples: Past due or lump sum alimo ■ No □ Yes. Give specific information 	ny, spousal support, child support,	maintenance, divorc	e settlement, property se	ettlement
30	Other amounts someone owes you Examples: Unpaid wages, disability insidentity benefits; unpaid loans you n No Yes. Give specific information		s, sick pay, vacation	pay, workers' compensa	ation, Social Security
	Γ	Garnishment Recovery			\$1,865.00
		•			<u>-</u>
31	 Interests in insurance policies Examples: Health, disability, or life insu No 	,	A); credit, homeowne	er's, or renter's insurance	•
	☐ Yes. Name the insurance company of Company		Beneficiary	r.	Surrender or refund value:
32	Any interest in property that is due you lif you are the beneficiary of a living trus someone has died.		ance policy, or are c	urrently entitled to receiv	e property because
	■ No □ Yes. Give specific information				
33	 Claims against third parties, whether Examples: Accidents, employment disp No 			or payment	

Official Form 106A/B Schedule A/B: Property page 4 Best Case Bankruptcy

Debtor 1 Camille Marie Fehring		Case number (if known)	
☐ Yes. Describe each claim			
34. Other contingent and unliquidated claims of every nature, inclu	ıding counterclaims	of the debtor and rights to set off	claims
No			
☐ Yes. Describe each claim			
35. Any financial assets you did not already list ■ No			
Yes. Give specific information			
36. Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here			\$58,700.00
Part 5: Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. Do you own or have any legal or equitable interest in any business-relate	ed property?		
■ No. Go to Part 6.			
☐ Yes. Go to line 38.			
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
■ No. Go to Part 7.			
☐ Yes. Go to line 47.			
			
Part 7: Describe All Property You Own or Have an Interest in That You	u Did Not List Above		_
 53. Do you have other property of any kind you did not already list' Examples: Season tickets, country club membership No 	?		
☐ Yes. Give specific information			
54. Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
· · · · · · · · · · · · · · · · · · ·			Ψοίου
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$11,134.00		·
57. Part 3: Total personal and household items, line 15	\$4,330.00		
58. Part 4: Total financial assets, line 36	\$58,700.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. Total personal property. Add lines 56 through 61	\$74,164.00	Copy personal property total	\$74,164.00
63. Total of all property on Schedule A/B . Add line 55 + line 62			\$74,164.00

Debtor 1	Camille Marie	Fehring		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the	e: EASTERN DISTRICT O	PF WISCONSIN	
Case number (if known)				☐ Check if this is ar amended filing
(_
200 : 15	4000			
Official Fo	orm 106C			

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	the applicable statutory amount.	o raide of the proper	., .s u	otorimino to exoced that amoun	t, your exemption would be innited				
Pa	It 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
	Concaute AD that hote this property	Copy the value from Schedule A/B	Check only one box for each exemption.						
	Living room furniture \$750, Dining room furniture \$350, Master bedroom	\$1,850.00		\$1,850.00	11 U.S.C. § 522(d)(3)				
	furniture \$400, Bedroom furniture \$100, Dishes/cookware \$200, vacuum \$50			100% of fair market value, up to any applicable statutory limit					
	Line from Schedule A/B: 6.1								
	Tools Line from Schedule A/B: 6.2	\$40.00		\$40.00	11 U.S.C. § 522(d)(3)				
	Line Iron Schedule AVB. 0.2			100% of fair market value, up to any applicable statutory limit					
	TVs(3) \$800, VCR/DVD player \$40,	\$1,140.00		\$1,140.00	11 U.S.C. § 522(d)(3)				
	DVDs (20) \$300 Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit					
	Printer, cell phone Line from Schedule A/B: 7.2	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)				
	Line from Scriedule AVB. 1.2			100% of fair market value, up to any applicable statutory limit					
	Wearing Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)				
	Line Irom Scriedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Deb	otor 1	Can	nille Marie Fehring			Case number (if known)	
			ption of the property and line on /B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Casi	-	Schedule A/B: 16.1	\$40.00		\$40.00	11 U.S.C. § 522(d)(5)
	Line from <i>Schedule PVD</i> . 19.1		Schedule A.B. 1611			100% of fair market value, up to any applicable statutory limit	
			g: Educators Checking	\$150.00		\$150.00	11 U.S.C. § 522(d)(5)
	LIIIE	ine from Schedule A/B: 17.1				100% of fair market value, up to any applicable statutory limit	
	•	k): 4	01A Schedule A/B: 21.1	\$55,645.00		\$55,645.00	11 U.S.C. § 522(d)(12)
LIN	Line	IIOIII V	Scriedule AVB. 21.1			100% of fair market value, up to any applicable statutory limit	
	State		deral: 2021 Anticipated Tax	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(5)
			Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
			nent Recovery Schedule A/B: 30.1	\$1,865.00		\$1,865.00	11 U.S.C. § 522(d)(5)
	LINE	iioiii (Schedule A/B. 90.1			100% of fair market value, up to any applicable statutory limit	
3.			aiming a homestead exemption adjustment on 4/01/22 and every			led on or after the date of adjustmen	t.)
		No					
		Yes. I	Did you acquire the property cover	red by the exemption wi	ithin 1	,215 days before you filed this case?)
			No				
			Yes				

Page 16 of 55

Fill in this information to ide	entify your	case:				
	Marie Fe					
First Name		Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name		Middle Name	Last Name		-	
United States Bankruptcy Cou	urt for the:	EASTERN DISTRICT OF	WISCONSIN			
Case number						
(if known)					☐ Check	c if this is an
					amen	ded filing
Official Form 106D						
Schedule D: Cred	ditors	Who Have Clain	ns Secured	by Propert	у	12/15
Be as complete and accurate as is needed, copy the Additional P number (if known).						
1. Do any creditors have claims	secured by	your property?				
☐ No. Check this box and	d submit thi	s form to the court with your	other schedules. You	u have nothing else t	o report on this form.	
Yes. Fill in all of the inf	ormation b	elow.				
Part 1: List All Secured C	laims					
2. List all secured claims. If a cre				Column A	Column B	Column C
for each claim. If more than one creditor has much as possible, list the claims in alphabeti		s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Exeter Finance, LLC	;	Describe the property that sec	ures the claim:	\$11,823.00	\$11,134.00	\$689.00
2701 E. Grauwyler R Building 1 Irving, TX 75016 Number, Street, City, State & Zig	d.	2014 Chevrolet Equinox dents, damaged door, d front windoe does not v As of the date you file, the clai apply. Contingent Unliquidated	lamaged vork			
Who owes the debt? Check on	e.	☐ Disputed Nature of lien. Check all that a	pply.			
■ Debtor 1 only □ Debtor 2 only		An agreement you made (succar loan)		ired		
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lie	n, mechanic's lien)			
At least one of the debtors and		☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to community debt	а	U Other (including a right to off	set)			
Date debt was incurred 6/20	19	Last 4 digits of account	number <u>4314</u>			
-		lumn A on this page. Write tha ne dollar value totals from all p		\$11,82 \$11,82		

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in t	this informat	ion to identify your c	ase:					
Debtor	1	Camille Marie Feh	rina					
		First Name	Middle Na	ame	Last Name		-	
Debtor (Spouse i	_	First Name	Middle Na	ama	Last Name		-	
United	States Bankr	uptcy Court for the:	EASTERNI	DISTRICT OF WI	ISCONSIN		-	
Case n				_				
(if known))						_	theck if this is an mended filing
Sche Be as co any exec	omplete and accutory contrac	: Creditors W ccurate as possible. Use ts or unexpired leases t	Part 1 for cre	ditors with PRIOR	RITY claims and l		VB: Property (Offici	12/15 ms. List the other party to al Form 106A/B) and on that are listed in
eft. Atta	ch the Continued case number	uation Page to this page	e. If you have r	no information to I				tries in the boxes on the tional pages, write your
		have priority unsecured						
	No. Go to Part	2.	_	-				
	Yes.							
Part 2:		f Your NONPRIORIT						
3. Do	any creditors	have nonpriority unsec	ured claims ag	gainst you?				
	No. You have r	nothing to report in this pa	rt. Submit this t	form to the court wi	th your other sche	edules.		
	Yes.							
uns	ecured claim, li n one creditor h	st the creditor separately	for each claim.	For each claim list	ed, identify what t	pholds each claim. If a cype of claim it is. Do not I three nonpriority unsecu	ist claims already inc	luded in Part 1. If more
								Total claim
4.1	Amber & .	Johnathan Manzo		Last 4 digits of a	ccount number	unknown		\$1,200.00
	Nonpriority Cr			When was the de	ebt incurred?	10/1/2021		
		e, WI 53208						=
		t City State Zip Code the debt? Check one.		As of the date yo	u file, the claim	s: Check all that apply		
	■ Debtor 1 o			П о- mt/m t				
	Debtor 2 o	,		☐ Contingent ☐ Unliquidated				
	_	only and Debtor 2 only		☐ Disputed				
		ind Debtor 2 only ne of the debtors and ano	thar	Type of NONPRIC	ORITY unsecure	d claim:		
		ne of the debtors and ano		☐ Student loans		-		
	debt	subject to offset?	iuility	Obligations ari		ration agreement or divo	rce that you did not	
	■ No	•				g plans, and other similar	debts	
	☐ Yes			Other. Specify	Rent			
				- · · · · · · · · · · · · · · · · · · ·				-

1 Camille Marie Fehring		Case number (if known)	
Aurora Health	Last 4 digits of account number	unknown	\$286.00
Nonpriority Creditor's Name c/o L.J. Ross & Associates 4 Universal Way Suite #7	When was the debt incurred?	3/25/2020	
Jackson, MI 49202 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		
Bank of America	Last 4 digits of account number	4809	\$15,866.00
Nonpriority Creditor's Name PO BOX 982238	When was the debt incurred?	12/13	
El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent		
Debtor 1 and Debtor 2 only	☐ Unliquidated		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Blount Orthopedic Associates	Last 4 digits of account number	2534	\$322.00
Nonpriority Creditor's Name 525 W. Riverwoods PKWY Milwaukee, WI 53212	When was the debt incurred?	unknown	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		

Debto	or 1 Camille Marie Fehring		Case number (if known)	
4.5	Charter Communications LLC Nonpriority Creditor's Name	Last 4 digits of account number	unknown	\$754.00
	c/o Amsher Collection Services INC. 4524 SouthLake Parkway Suite 15 Hoover, AL 35244	When was the debt incurred?	2/10/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Trade debt		
4.6	Comenity	Last 4 digits of account number	5637	\$2,331.00
	Nonpriority Creditor's Name PO Box 182789 Columbus, OH 43218	When was the debt incurred?	9/2018	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.7	Comenity Bank/Victoria Secret Nonpriority Creditor's Name	Last 4 digits of account number	5637	\$740.00
	PO BOX 182789 Columbus, OH 43218	When was the debt incurred?	11/2017-8/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Credit card	purchases	

FirstMark/Citizens Bank	Last 4 digits of account number	130	\$7,997.00
Nonpriority Creditor's Name 121 S. 13th St.	When was the debt incurred?	7/2007	, , , , , , , , , , , , , , , , , , ,
Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Loan		
FirstMark/Citizens Bank	Last 4 digits of account number	unknown	\$5,526.00
Nonpriority Creditor's Name 121 S. 13th St. Lincoln, NE 68508	When was the debt incurred?	11/2006	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Loan		
Froedtert Health	Last 4 digits of account number	1559	\$331.00
Nonpriority Creditor's Name 900 N. 92nd St.	When was the debt incurred?	5/21	
Milwaukee, WI 53226 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical		

Camille Marie Fehring		Case number (if known)	
Froedtert Hospital Pulmonary Disease	Last 4 digits of account number	3442	\$22.00
Nonpriority Creditor's Name 900 N. 92nd St.	When was the debt incurred?	5/21	
Milwaukee, WI 53226 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
Yes	Other. Specify Medical		
Great Lakes Higher Education Corporation	Last 4 digits of account number		\$175,982.00
Nonpriority Creditor's Name 2401 International Lane Madison, WI 53704	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify		
	Student Lo		
Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9305	\$1,004.00
PO Box 3115 Milwaukee, WI 53201	When was the debt incurred?	6/2014-3/2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing		
☐ Yes	Other. Specify Credit card	purchases	

Page 22 of 55

otor 1 Camille Marie Fehring			
LVNV Funding LLC	Last 4 digits of account number	unknown	\$2,754.0
Nonpriority Creditor's Name c/o Messerli & Kramer PA 11414 W Park PI Ste 202 Suite 202 Milwaukee, WI 53224	When was the debt incurred?	unknown	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Macy's/DSNB	Last 4 digits of account number	5040	\$7,452.0
Nonpriority Creditor's Name 911 Duke Blvd.	When was the debt incurred?	10/10-8/2018	• • • •
Mason, OH 45040 Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam's	S. Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Credit card	purchases	
Medical College of Wisconsin	Last 4 digits of account number	3775	\$396.0
Nonpriority Creditor's Name 8701 W. Watertown Plank Rd. Wauwatosa, WI 53226	When was the debt incurred?	5/21	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 23 of 55

Debto	r 1 Camille Marie Fehring	Case number (if known)					
4.1 7	Metropolitan Anesthesiologists	Last 4 digits of account number	unknown	\$2,020.00			
	Nonpriority Creditor's Name 225 S. Executive Dr. Brookfield, WI 53005	When was the debt incurred?	3/11/21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Medical	_				
4.1 8	Net Credit Nonpriority Creditor's Name	Last 4 digits of account number	20WI	\$2,222.00			
	200 West Jackson Blvd Suite 2400	When was the debt incurred?	1/17/2020				
	Chicago, IL 60606 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	\square Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Loan					
4.1	Portfolio Recovery (Synchrony						
9	Bank) Nonpriority Creditor's Name	Last 4 digits of account number	4366	\$3,540.00			
	120 Corporate Blvd Norfolk, VA 23502	When was the debt incurred?	8/21/2019				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia				
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
		·	g plane, and other allillial debte				
	☐ Yes	Other. Specify Loan					

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor	Camille Marie Fehring		Case number (if known)					
4.2	WE Energies	Last 4 digits of account number	0002	\$366.00				
	Nonpriority Creditor's Name	When was the debt incurred?	4/21					
	P.O. Box 6042 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i						
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	n plans, and other similar debts					
		·	g plans, and other similar debts					
	☐ Yes	■ Other. Specify Trade debt						
4.2	WE Energies	Last 4 digits of account number	7457	\$80.00				
	Nonpriority Creditor's Name c/o Online Information Services 685 W. Fire Tower Rd. Winterville, NC 28590	When was the debt incurred?	3/17/20					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	■ Other. Specify Trade debt						
4.2	Younomics Private Student Loan Nonpriority Creditor's Name	Last 4 digits of account number	unknown	\$2,325.00				
	609 Fifth Ave.	When was the debt incurred?	10/5/2006					
	New York, NY 10017 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	,	or onest an that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sharin						
	Yes	Other. Specify Student Lo	dii					

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Camille Marie Fehring		Case number (if known)					
Name and Address Dobberstein Law Firm PO Box 470 Brookfield, WI 53008	On which entry in Part 1 or Part 2 or Line 4.17 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims					
Brookheid, Wi 33000	Last 4 digits of account number						
Name and Address LVNV Funding LLC 3033 Campus Dr. Suite 250 Plymouth, MN 55441	On which entry in Part 1 or Part 2 or Line 4.6 of (Check one):	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims					
Flymouth, with 35441	Last 4 digits of account number						
Name and Address Messerli & Kramer 500 W. Silver Spring Dr. Glendale, WI 53217	On which entry in Part 1 or Part 2 or Line 4.3 of (Check one):	lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number						
Name and Address Optimum Outcomes PO Box 660943 Dallas, TX 75266	On which entry in Part 1 or Part 2 or Line 4.10 of (Check one): Last 4 digits of account number	lid you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims					
Name and Address	On which entry in Part 1 or Part 2 or	tid you list the original creditor?					
Optimum Outcomes PO Box 660943 Dallas, TX 75266	Line 4.16 of (Check one): Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim
6f.	Student loans	6f.	\$	175,982.00
6a.	Obligations arising out of a separation agreement or divorce that			
-3.	you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	57,534.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	233,516.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6d. 6e.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$

Fill in this infor	mation to identify your	case:			
Debtor 1	Camille Marie Fel	nring			
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F WISCONSIN		
Case number (if known)					Check if this is an
					 amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Verizon Wireless

State what the contract or lease is for
Cell Phone

Fill in this	information to identify your	case:		
Debtor 1	Camille Marie Fel			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filin	g) First Name	Middle Name	Last Name	
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT OF V	VISCONSIN	
Case numb	ner			
(if known)				☐ Check if this is an amended filing
Official	Form 106H			
	ule H: Your Cod	ohtore		12/15
<u> </u>	ule II. Toul Cou	enioi s		12/15
ill it out, ar our name		boxes on the left. Attach the . Answer every question.	e Additional Page to	on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write s a codebtor.
☐ Yes				
	a, California, Idaho, Louisiana			? (Community property states and territories include gton, and Wisconsin.)
Пио	Go to line 3.			
_	. Did your spouse, former spor	use, or legal equivalent live wi	th you at the time?	
		3	,	
	□ No ■			
'	Yes.			
	In which community state	e or territory did you live?	Wisconsin	. Fill in the name and current address of that person.
	Charles H. Fehring	, ,		
	Name of your spouse, former sp Number, Street, City, State & Zip			
in line Form 1	umn 1, list all of your codebt 2 again as a codebtor only i	ors. Do not include your spo f that person is a guarantor	or cosigner. Make su	your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil
_	Column 1: Your codebtor lame, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street City	State	ZIP Code	
2.0				Cabadula D. Kra
3.2	Name			☐ Schedule D, line
				☐ Schedule G, line
1	Number Street			
(City	State	ZIP Code	

Schedule H: Your Codebtors

Fill	in this information to identify your c	ase:							
Del	otor 1 Camille Mar	ie Fehring							
	otor 2 puse, if filing)								
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF WISCONSIN						
(If kr	fficial Form 106l	ome					ed filing nent showir as of the f	ng postpetition chapter following date:	
Be a sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11. Describe Employment	sible. If two married peo are married and not fili Ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse de infor	is liv mati	ring with you, inc on about your sp	lude infor	ually responsible for mation about your ore space is needed,	
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-f	iling spouse	
	If you have more than one job,		■ Employed			☐ Emp			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			☐ Not employed		
	employers.	Occupation	Teacher						
	Include part-time, seasonal, or self-employed work.	Employer's name	School District	of Wes	t All	is			
	Occupation may include student or homemaker, if it applies.	Employer's address	1205 S. 70th St. Milwaukee, WI						
		How long employed to	here?						
Pai	Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in th	e space. In	clude your non-filing	
	u or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all e	empl	oyers for that pers	on on the I	ines below. If you need	
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,192.50	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	N/A	

Official Form 106I Case 21-26204-rmb Doc 1 Filed 12/07/21 Page 29 of 55

4. Calculate gross Income. Add line 2 + line 3.

4. **\$ 4,192.50**

					Foi	r Debtor 1			Debtor		
	Сору	y line 4 here	4.		\$	4,192	2.50	\$	i-iiiiig s	N/A	
_					_	,		_			_
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_		3.00	\$_		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$_		3.83	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	50		\$_		0.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$_		0.00	\$_		N/A	
	5e.	Insurance	5e		\$_		0.00	\$_		N/A	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$_		N/A	
	5g.	Union dues	5g		\$_		0.00	\$_		N//	
	5h.	Other deductions. Specify:	5n	1.+	\$_		0.00	+ \$_		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	1,141		\$_		N/A	<u> </u>
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,050).67	\$_		N/A	4_
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$	(0.00	\$		N//	A
	8b.	Interest and dividends	8b).	\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce									_
		settlement, and property settlement.	80) .	\$	(0.00	\$		N/A	4
	8d.	Unemployment compensation	8d	ı.	\$	(0.00	\$_		N/A	4
	8e.	Social Security	8e) .	\$	(0.00	\$		N/A	4
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_		0.00	\$		N//	
	8g.	Pension or retirement income	8g		\$_		0.00	\$_		N/A	
	8h.	Other monthly income. Specify:	8h	1.+	\$_	(0.00	+ \$_		N/A	<u>4</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	(0.00	\$_		N	/A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		3,050.67	+ \$		N/A	= \$	3,050.67
11.	Includ other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. or include any amounts already included in lines 2-10 or amounts that are not ify:	depe							e J. +\$ _	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certales							12.	\$	3,050.67
13.	Do y∈	ou expect an increase or decrease within the year after you file this form	?							Comb	oined hly income
	_	Ves Evolain:									

	in this informa	tion to identify yo	our case:					
Deb	otor 1	Camille Mari	ie Fehring	g		Chec	k if this is:	
							An amended filing	
Deb	tor 2							ving postpetition chapter
(Spo	ouse, if filing)					,	13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	EASTE	RN DISTRICT OF WISCO	NSIN	ī	MM / DD / YYYY	
Cas	e number							
	nown)							
Of	fficial Fo	rm 106J						
		J: Your	Evnor	1606				12/15
				ISCS . If two married people a	ro filing togother, he	oth are equa	ully rosponsible fo	
info	ormation. If m		eded, atta	ch another sheet to this				
Par		ibe Your House	ehold					
1.	Is this a joir	nt case?						
	■ No. Go to		in a senar	ate household?				
	□ 100. D00		iii a sepai	ate nousenola.				
	= ::	_	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	<i>hold</i> of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								☐ No
								☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses o	penses include f people other t d your depende	han $_{oldsymbol{\square}}$	No Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est exp	imate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of sucl ficial Form 10		d have inc	eluded it on Schedule I: \	Your Income		Your expe	enses
4.		or home owners and any rent for th		ses for your residence. I	nclude first mortgage	4. \$		900.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	•	•		ıpkeep expenses		4c. \$		0.00
	4d. Home	owner's associat	tion or con	dominium dues		4d. \$		0.00
5.	Additional r	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Official Form 106J Schedule J: Your Expenses

page 1

Official Form 106J Schedule J: Your Expenses page 2

Fill in this in	formation to identify your	case:				
Debtor 1	Camille Marie Fel		Loct No			
Debtor 2	FIRST Name	Middle Name	Last Nar	ne		
(Spouse if, filing)	First Name	Middle Name	Last Nar	me		
United States	Bankruptcy Court for the:	EASTERN DISTRIC	T OF WISCONSIN			
Case number	r					
(if known)						
						amended filing
Official Fo	orm 106Dec					
Declar	ation About a	ın Individu	al Debtor	's Schedu	ıles	12/15
If two married	d people are filing togethe	r, both are equally res	sponsible for supp	olying correct inform	nation.	
obtaining mo years, or both	this form whenever you fi ney or property by fraud in h. 18 U.S.C. §§ 152, 1341, 1	n connection with a b				
	Sign Below					
Did you	pay or agree to pay some	one who is NOT an a	ttorney to help yo	u fill out bankruptcy	forms?	
■ No						
☐ Yes	s. Name of person					letition Preparer's Notice, nature (Official Form 119)
	enalty of perjury, I declare	that I have read the s	summary and sche	dules filed with this	s declaration and	
X /s/ (Camille Marie Fehring		х			
	nille Marie Fehring ature of Debtor 1		Się	gnature of Debtor 2		
Date	December 7, 2021		Da	ate		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Filli	in this informa	ation to identify you	r case:									
Deb	tor 1	Camille Marie Fe										
Dob	tor 2	First Name	Middle Name	Last Name								
	ise if, filing)	First Name	Middle Name	Last Name								
Unit	ed States Bank	cruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN								
Cas	e number											
(if kno					_	Check if this is an						
						amended filing						
∩ff	icial For	m 107										
			Affairs for Individ	luals Filing for B	ankruntov	4/19						
infor	mation. If mo	re space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write yo							
numl	ber (if known)	. Answer every que	stion.									
Part	Give De	tails About Your Ma	rital Status and Where You	Lived Before		_						
1.	What is your	current marital statu	ıs?									
	□ Married											
	Not marri	ed										
2.	During the las	uring the last 3 years, have you lived anywhere other than where you live now?										
	_	• , •	•	•								
	□ No ■ Yes List:	all of the places you l	ived in the last 3 years. Do no	ot include where you live now								
		, ,	·	·		Dates Debtor 2						
	Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	Debtor 2 Prior Address:							
	823 N 2ND ST APT 703		From-To: 2019-2020	☐ Same as Debtor 1		☐ Same as Debtor 1 From-To:						
	Milwaukee, WI 53203		2013-2020			From-10:						
					ity property state or territor co, Texas, Washington and V							
	_	o morado y mzoria, od	morria, raario, Louisiaria, rvo	vada, rrow mozioo, r dono re	oo, roxao, rraomington and r	vioconom.,						
	□ No ■ Yos Mak	o curo vou fill out Sol	nedule H: Your Codebtors (O	fficial Form 106H)								
	es. Mak	e sure you iiii out S <i>ci</i>	ledule H. Your Codebiors (Of	iliciai Foitii 100H).								
Part	2 Explain	the Sources of You	r Income									
					ear or the two previous cale	ndar years?						
	ill in the total amount of income you received from all jobs and all businesses, including part-time activities. you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.											
	_											
	□ No ■ Yes Fill ii	n the details.										
	_ 100.11111	Title details.										
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income						
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions						
		_		exclusions)		and exclusions)						
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions,	\$46,118.00	☐ Wages, commissions, bonuses, tips							
	,		bonuses, tips		☐ Operating a business							
			☐ Operating a business		- Operating a business							

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Debtor 1 Camille Marie Fehring						Case number (if known)						
				Debtor 1				Debtor 2				
				Sources of Check all t		(be	ess income fore deductions a lusions)	and	Sources of inc Check all that a		Gross income (before deductions and exclusions)	
			■ Wages bonuses, t	, commissions, ips		\$50,558	3.00	☐ Wages, com bonuses, tips	missions,			
				☐ Operati	ng a business				☐ Operating a	business		
		dar year bet December		■ Wages bonuses, t	, commissions, ips		\$51,202	2.00	☐ Wages, com bonuses, tips	missions,		
				☐ Operati	ng a business				☐ Operating a	business		
	winnings. List each No	İf you are fili	ng a joint cas	e and you h	ave income that y	ou rec	eived together, l	ist it on	ly once under De	ebtor 1.	d gambling and lottery	
				Debtor 1					Debtor 2			
				Sources of Describe b		eac (be	ess income from th source fore deductions a lusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)	
Par	t 3: Lis	t Certain Pa	vments You	Made Befo	re You Filed for	Bankr	uptcv					
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose." □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.										ne total amount you nd alimony. Also, do	
	■ Yes.		ebtor 1 or Debtor 2 or both have primarily consumer debts. uring the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?									
		■ No.	Go to line 7.									
		□ Yes	include pay	List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.								
	Creditor	's Name and	l Address		Dates of payme	nt	Total amou		Amount you still owe	Was this p	payment for	

Official Form 107

Page 35 of 55

Del	ebtor 1 Camille Marie Fehring		Case number (if known)							
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.									
	■ No									
	☐ Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.									
	NoYes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
Par	rt 4: Identify Legal Actions, Repossessi	ions, and Foreclosures	Para							
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody									
	modifications, and contract disputes.			,		•				
	□ No									
	Yes. Fill in the details.	Nature of the same	Notice of the control			Status of the case				
	Case title Case number	Nature of the case	Court or agency		Status of the case					
	LVNN Funding LLC v. Camille Marie Fehring 2021SC5876	Small Claims	Small Claims Milwaukee County 901 North 9th Street Milwaukee, WI 53233		□ Pending□ On appeal■ Concluded					
					Judgment					
	METROPOLITAN ANESTHESIOLOGISTS vs. CAMILLE FEHRING 2021SC005517	Small Claims	Milwaukee County 901 North 9th Street Milwaukee, WI 53233		☐ Pending ☐ On appeal ■ Concluded Judgment					
			Judgment							
10.	 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. 									
	Creditor Name and Address	Describe the Property	Describe the Property			Value of the				
			Explain what happened			Date Value of the property				
	LVNV Funding LLC c/o Messerli & Kramer PA	Wage Garnishment				\$1,865.00				
	3033 Campus Drive Suite 250 Minneapolis, MN 55441		☐ Property was repossessed.							
	пишеарона, ин ээчч г		□ Property was foreclosed.■ Property was garnished.							
		_ , , ,	☐ Property was attached, seized or levied.							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	tor 1	Camille Marie Fehring		Case number	(if known)			
		n 90 days before you filed for bankru unts or refuse to make a payment be		lid any creditor, including a bank or financial in	stitution, set off any a	amounts from your		
	_	No	cause	you owed a debt:				
	`	Yes. Fill in the details.						
	Cred	litor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount		
		n 1 year before you filed for bankrup -appointed receiver, a custodian, or a		as any of your property in the possession of an or official?	assignee for the bene	efit of creditors, a		
	_	No						
	□ `	Yes						
Par	t 5 :	List Certain Gifts and Contributions						
13.	_	n 2 years before you filed for bankru No	ptcy, d	id you give any gifts with a total value of more	than \$600 per person	?		
		Yes. Fill in the details for each gift.						
		s with a total value of more than \$600 person		Describe the gifts	Dates you gave the gifts	Value		
		Person to Whom You Gave the Gift and Address:						
14	Withi	n 2 years before you filed for bankru	ntcv. d	id you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?		
	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.							
		Yes. Fill in the details for each gift or consider contributions to charities that to			Dotos vou	Value		
	more Chai	e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)	tai	Describe what you contributed	Dates you contributed	value		
Daw								
Par	t 6:	List Certain Losses						
		n 1 year before you filed for bankrup mbling?	tcy or s	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster		
		No						
		Yes. Fill in the details.						
			Describ	be any insurance coverage for the loss	Date of your	Value of property		
	how the loss occurred Inclu			the amount that insurance has paid. List pending ce claims on line 33 of <i>Schedule A/B: Property.</i>	loss	lost		
Par	7:	List Certain Payments or Transfers						
	cons	ulted about seeking bankruptcy or pr	eparin	d you or anyone else acting on your behalf pay g a bankruptcy petition?		rty to anyone you		
		No						
	= '	Yes. Fill in the details.						
		on Who Was Paid		Description and value of any property	Date payment	Amount of		
	Add Ema		u	transferred	or transfer was made	payment		
	Gun 9898 Suit Wat	nta Law Offices, S.C. 8 W. Bluemound Rd.		Attorney Fees	11/16/21	\$1,647.00		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. 				y to anyone who		
	Person Who Was Paid Address	Description and vatransferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			iny property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection No ☐ Yes. Fill in the details.		property to a s	elf-settled tru	st or similar device o	f which you are a
	Name of trust	Description and va	Description and value of the property transferred			Date Transfer was made
	Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or oth houses, pension funds, cooperatives, association.	ere any financial acc	counts or instrui	ments held in of deposit; sh		
		st 4 digits of count number	Type of accour instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details.	before you filed for	bankruptcy, any	safe deposit	box or other deposit	ory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?
22.	Have you stored property in a storage unit or pla No Yes. Fill in the details.	ace other than your	home within 1 y	ear before yo	u filed for bankruptcy	?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or has to it? Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Pa	t 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that someofor someone.	ne else owns? Include any prope	erty y	ou borrowed from, are storing fo	r, or hold in trust
	No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value
Pa	t 10: Give Details About Environmental Information	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances.	ir, land, soil, surface water, groun	_	•	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law,	whether you now own, operate,	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s wa	ste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n the	ey occurred.	
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	e und	der or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	/iron	mental law? Include settlements	and orders.
	-				
	■ No □ Yes. Fill in the details.				
	Case Title	Court or agency	Na	ture of the case	Status of the
	Case Number	Name Address (Number, Street, City, State and ZIP Code)			case
Pa	t 11: Give Details About Your Business or Con	nections to Any Business			
27	Within 4 years before you filed for hankruntcy	did you own a business or have a	nv of	f the following connections to an	v husiness?
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?					y business.
	☐ A member of a limited liability company	•		•	
	☐ A partner in a partnership	(LLO) or minited hability partiters	h (r	-L-1 <i>j</i>	
	<u> </u>	dive of a comparation			
	☐ An officer, director, or managing execut	•			
	☐ An owner of at least 5% of the voting or	equity securities of a corporation	ı		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Deb	or 1 Camille Marie Fehring		Case number (if known)
	No. None of the above applies. Go to I	Part 12.	
	Yes. Check all that apply above and fill	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
	Within 2 years before you filed for bankrupt institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below.	tcy, did you give a financial statement to	anyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
are to with 18 U	ue and correct. I understand that making a a bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
	Camille Marie Fehring	Signature of Debtor 2	
	nille Marie Fehring ature of Debtor 1	Signature of Debitor 2	
Date	December 7, 2021	Date	
Did y ■ No		ent of Financial Affairs for Individuals Fill	ing for Bankruptcy (Official Form 107)?
Did y ■ No	ou pay or agree to pay someone who is no	t an attorney to help you fill out bankrupt	ccy forms?
	o es. Name of Person . Attach the <i>Bankru</i>	uptcy Petition Preparer's Notice. Declaration	and Signature (Official Form 119).
,			, (

Fill in this informat	tion to identify your case:				lirected in this form and i	n Form
Debtor 1 C	Camille Marie Fehring		22A-1Sup	pp:		
Debtor 2 (Spouse, if filing)			■ 1. Th	ere is no pres	umption of abuse	
United States Ban	nkruptcy Court for the: Eastern District of	Wisconsin	ap	plies will be n	o determine if a presum nade under <i>Chapter 7 M</i> icial Form 122A-2).	
Case number				,	does not apply now bed	eauco of
					service but it could app	
			☐ Che	ck if this is a	n amended filing	
Official For	<u>rm 122A - 1</u>					
Chapter 7	Statement of Your Cur	rent Monthly In-	come)		04/20
attach a separate sh case number (if kno qualifying military se	accurate as possible. If two married people a neet to this form. Include the line number to w wn). If you believe that you are exempted fron ervice, complete and file Statement of Exemp late Your Current Monthly Income	hich the additional information n a presumption of abuse beca	applies. (ause you d	On the top of a o not have prir	ny additional pages, write marily consumer debts or	your name and because of
1. What is you	r marital and filing status? Check one on	ly.				
	ied. Fill out Column A, lines 2-11.					
_	and your spouse is filing with you. Fill ou	•	s 2-11.			
	and your spouse is NOT filing with you.					
	in the same household and are not lega					
penalty	separately or are legally separated. Fill of y of perjury that you and your spouse are leapart for reasons that do not include evading	egally separated under nonba	ankruptcy	law that applie	es or that you and your s	
101(10A). For example the 6 months, add	ge monthly income that you received from all sample, if you are filing on September 15, the 6-mond the income for all 6 months and divide the total same rental property, put the income from that property.	onth period would be March 1 thr by 6. Fill in the result. Do not incl	ough Augu ude any ind	st 31. If the amo	ount of your monthly income ore than once. For example	varied during , if both
			Columi Debtor		Column B Debtor 2 or non-filing spouse	
payroll deduc	,		II \$	3,282.33	\$	
3. Alimony and Column B is	d maintenance payments. Do not include filled in.	payments from a spouse if	\$	0.00	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in Do not include payments you listed on line 3. \$ 0.00 \$						
	not include payments you listed on line 3. from operating a business, profession,	or farm				
0	,	Debtor 1				
Gross receip	ts (before all deductions)	\$0.00				
Ordinary and	necessary operating expenses	-\$				
1	income from a business, profession, or farr	n \$0.00 Copy here -	> \$	0.00	\$	
6. Net income	from rental and other real property	Debtor 1				
0.0000000000000000000000000000000000000	to (hoforo all doductions)	\$ 0.00				
	ts (before all deductions) I necessary operating expenses	-\$ 0.00				
1	income from rental or other real property	\$ 0.00 Copy here -	> \$	0.00	\$	
	idends and royalties	—	\$	0.00	\$	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

7. Interest, dividends, and royalties

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:		fit under					
	For you \$ For your spouse \$	<u> </u>	.00					
	7 1							
	Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, or United States Government in connection with a disabilidisability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chap	stated in the next sente or allowance paid by the ty, combat-related inju- ces. If you received any pay only to the extent u would otherwise be e	ence, do le lry or y retired that it	\$	0.00	\$		
	Income from all other sources not listed above. Sp Do not include any benefits received under the Social Sunder the Federal law relating to the national emergency under the National Emergencies Act (50 U.S.C. 1601 ecoronavirus disease 2019 (COVID-19); payments receiverime, a crime against humanity, or international or dor compensation pension, pay, annuity, or allowance paid Government in connection with a disability, combat-related the farmember of the uniformed services. If necess separate page and put the total below	Security Act; payments cy declared by the Pre et seq.) with respect to ived as a victim of a want mestic terrorism; or d by the United States ated injury or disability.	s made sident the ar , or					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	3,282.33	+ \$		= \$_	3,282.33
Part	2: Determine Whether the Means Test Applies t	to You					Total incon	current monthly ne
12.	Calculate your current monthly income for the year	Follow these steps:						
	12a. Copy your total current monthly income from line	11		Сору	line 11 h	ere=>	\$	3,282.33
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of th	e form				12b	\$	39,387.96
13.	Calculate the median family income that applies to	you. Follow these step	ps:					
	Fill in the state in which you live.	WI						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link s	pecified i	in the separa	te instruct	13. ions	\$	55,334.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official	Form 122A-2.						
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2	., The pre	esumption of	abuse is d	determined by	Form 1	22A-2.
Part								
	By signing here, I declare under penalty of perjury	that the information o	n this sta	itement and i	in any atta	chments is tr	ue and o	correct.
	X /s/ Camille Marie Fehring Camille Marie Fehring							

Official Form 122A-1

Debtor 1	Camille Marie Fehring	Case number (if known)	
	Signature of Debtor 1		
Da	te December 7, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2021 to 11/30/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages

Income by Month:

Debtor 1

6 Months Ago:	06/2021	\$1,846.00
5 Months Ago:	07/2021	\$225.00
4 Months Ago:	08/2021	\$3,716.00
3 Months Ago:	09/2021	\$6,165.00
2 Months Ago:	10/2021	\$3,871.00
Last Month:	11/2021	\$3,871.00
	Average per month:	\$3,282.33

Best Case Bankruptcy

Fill in this informa	ation to identify your o	ase:			
Debtor 1	Camille Marie Feh			_	
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name	-	
United States Bank	cruptcy Court for the:	EASTERN DISTRI	ICT OF WISCONSIN	_	
Case number					
(if known)				☐ Check if this is an	
				amended filing	
~					
Official For					
Statement	t of Intentio	<u>n for Indiv</u>	iduals Filing Under Cha	pter 7 12/15	
If you are an indivi	dual filing under chap	stor 7 you must fill	out this form if-		
	claims secured by you	-	out this form in.		
■ you have leased	d personal property ar	nd the lease has no	ot expired.		
	er is earlier, unless the		you file your bankruptcy petition or by the da e time for cause. You must also send copies t		
	ple are filing together date the form.	in a joint case, bot	th are equally responsible for supplying corre	ect information. Both debtors must	
	d accurate as possibl ir name and case num		needed, attach a separate sheet to this form.	. On the top of any additional pages,	
Part 1: List You	r Creditors Who Have	Secured Claims			
			: Creditors Who Have Claims Secured by Pro	norty (Official Form 106D) fill in the	
information belo	ow.		· ·		
Identify the cred	itor and the property th	at is collateral	What do you intend to do with the property secures a debt?	that Did you claim the property as exempt on Schedule C	
	eter Finance, LLC		☐ Surrender the property.	■ No	
name:			☐ Retain the property and redeem it.☐ Retain the property and enter into a	☐ Yes	
•	2014 Chevrolet Equ	iinox 86578	Reaffirmation Agreement.	_ 100	
property	miles dents, damaged do	or, damaged	☐ Retain the property and [explain]:		
	front windoe does				
Part 2: List You	r Unexpired Personal	Property Leases			
For any unexpired in the information	personal property lea below. Do not list real	se that you listed i estate leases. Une	in Schedule G: Executory Contracts and Une expired leases are leases that are still in effec he trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended	
Tou may assume a	an unexpired personal	property lease if the	The trustee does not assume it. 11 0.0.0. § 50.	σ(ρ)(2).	
Describe your une	expired personal prop	erty leases		Will the lease be assumed?	
Lessor's name:				□ No	
Description of lease Property:	ed			□ Vaa	
				☐ Yes	
Lessor's name:				□ No	
Description of lease Property:	ed			☐ Yes	
· •				— 100	

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

Debto	or 1	Camille Marie Fehring	Case number (if known)
Lesso			□ No
Prope	•	n of leased	☐ Yes
Lesso			□ No
Desci Prope		n of leased	☐ Yes
Lesso			□ No
Desci Prope	•	n of leased	☐ Yes
Lesso			□ No
Desci Prope		n of leased	☐ Yes
Lesso			□ No
Desci Prope	•	n of leased	☐ Yes
Part 3	3: 5	Sign Below	
		alty of perjury, I declare that I have indicated my intention at is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
_		amille Marie Fehring	X
		ille Marie Fehring ture of Debtor 1	Signature of Debtor 2
I	Date	December 7, 2021	Date

Statement of Intention for Individuals Filing Under Chapter 7

page 2

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Best Case Bankruptcy

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Page 48 of 55

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Best Case Bankruptcy

Case 21-26204-rmb Doc 1 Filed 12/07/21

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Wisconsin

In	re Camille Marie Fehring		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	or agreed to be pai	reed to be paid to me, for services rendered or to		
				1,647.00	
	Prior to the filing of this statement I have received.		\$	1,647.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are me	mbers and associates	of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same copy of the agreement.				law firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy	case, including:	
	a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statc. Representation of the debtor at the meeting of credited. [Other provisions as needed]	ement of affairs and plan which	may be required;	-	kruptcy;
5.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any disany other adversary proceeding.			ces, relief from sta	ay actions or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an s bankruptcy proceeding.	y agreement or arrangement for	payment to me for	representation of the	debtor(s) in
	December 7, 2021 Date	Isl Kiley B. Zellner 10 Kiley B. Zellner 10 Signature of Attorne Gunta Law Office 9898 W. Bluemou Suite 2 Wauwatosa, WI 5 414-271-7722 Fa	056806 y s, S.C. Ind Rd. 3226 x: 414-271-4438		
		kzellner@crivello Name of law firm	carlson.com		

United States Bankruptcy Court Eastern District of Wisconsin

In re	Camille Marie Fehring	Debtor(s)	Case No. Chapter	7
	YED	IEICATION OF CREDITOR M	A /FID IS/	
	VER	IFICATION OF CREDITOR M.	ATKIX	
The abo	ove-named Debtor hereby verifies	that the attached list of creditors is true and corre	ect to the best	of his/her knowledge.
Date:	December 7, 2021	/s/ Camille Marie Fehring		
		Camille Marie Fehring		

Signature of Debtor

Amber & Johnathan Manzo 1739 N. 55 St. Milwaukee, WI 53208

Aurora Health c/o L.J. Ross & Associates 4 Universal Way Suite #7 Jackson, MI 49202

Bank of America PO BOX 982238 El Paso, TX 79998

Blount Orthopedic Associates 525 W. Riverwoods PKWY Milwaukee, WI 53212

Charles H. Fehring

Charter Communications LLC c/o Amsher Collection Services INC. 4524 SouthLake Parkway Suite 15 Hoover, AL 35244

Comenity PO Box 182789 Columbus, OH 43218

Comenity Bank/Victoria Secret PO BOX 182789 Columbus, OH 43218

Dobberstein Law Firm PO Box 470 Brookfield, WI 53008

Exeter Finance, LLC 2701 E. Grauwyler Rd. Building 1 Irving, TX 75016

FirstMark/Citizens Bank 121 S. 13th St. Lincoln, NE 68508

Froedtert Health 900 N. 92nd St. Milwaukee, WI 53226

Froedtert Hospital Pulmonary Disease 900 N. 92nd St. Milwaukee, WI 53226

Great Lakes Higher Education Corporation 2401 International Lane Madison, WI 53704

Kohls/Capital One PO Box 3115 Milwaukee, WI 53201

LVNV Funding LLC c/o Messerli & Kramer PA 11414 W Park Pl Ste 202 Suite 202 Milwaukee, WI 53224

LVNV Funding LLC 3033 Campus Dr. Suite 250 Plymouth, MN 55441

Macy's/DSNB 911 Duke Blvd. Mason, OH 45040

Medical College of Wisconsin 8701 W. Watertown Plank Rd. Wauwatosa, WI 53226

Messerli & Kramer 500 W. Silver Spring Dr. Glendale, WI 53217

Metropolitan Anesthesiologists 225 S. Executive Dr. Brookfield, WI 53005

Net Credit 200 West Jackson Blvd Suite 2400 Chicago, IL 60606

Optimum Outcomes PO Box 660943 Dallas, TX 75266

Portfolio Recovery (Synchrony Bank) 120 Corporate Blvd Norfolk, VA 23502

Verizon Wireless

WE Energies P.O. Box 6042 Carol Stream, IL 60197 WE Energies c/o Online Information Services 685 W. Fire Tower Rd. Winterville, NC 28590

Younomics Private Student Loan 609 Fifth Ave.
New York, NY 10017